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NOV. 21, 1983

URBAN/MUNICIPAL

AGENDA OF THE
NOV. 21, 1983 BOARD
OF HEALTH MEETING



HAMILTON-WENTWORTH REGIONAL HEALTH UNIT

BOARD OF HEALTH MEETING
15th Floor, Fairclough Building
Monday, November 21, 1983
9:30 a.m.

CALZON HW A05
C5185
PUBLIC INFORMATION

Nov 21 1983
Urb/Mun Agenda Bulletin

Board

- 1.0 Reception of a Delegation, led by Dr. P. Knight, re "Council on Road Trauma".
- 2.0 Presentation to Mr. Sam McGee, C.P.H.I. - 25 Years' Service.
- 3.0 *Minutes of the Previous Meeting.
- 4.0 Communications/Correspondence.
 - *4.1 Letter from Mayor C. Ward, Township of Flamborough, November 8, 1983.
 - *4.2 Letter from Graham W.S. Scott, Q.C., Ministry of Health, November 1, 1983.
 - *4.3 Letter from Ellen Baar, Planned Parenthood Society of Hamilton, November 6, 1983.
- 5.0 Unfinished Business.
 - *5.1 Report & Recommendation re Sponsoring A. Cimadamore and F. Shimoda, c/o Mr. A. Tomlinson.
 - 5.2 O.N.A. Contract - Wording of "Hours of Work" - Mr. L. Flemming to Report.
 - 5.3 Correspondence with Planned Parenthood Association - Mr. L. Pinelli to Report.
 - *5.4 Report on Pediculosis c/o Mrs. M. Kirstine.
 - *5.5 Role of Volunteers c/o Dr. A.I. Cunningham.
- 6.0 New Business.
 - *6.1 Monitoring Water Quality of Regional Beach Areas c/o Mr. A. Tomlinson.
 - 6.2 Report on Health Unit's "Needs Assessment" - Dr. A.I. Cunningham to Report.
- 7.0 Reports.
 - *7.1 Report & Recommendation re "Council on Road Trauma".
 - *7.2 1983 Budget Status Report.
- 8.0 Date & Time of Next Meeting.
- 9.0 Adjournment.

* - Indicates Attachment.

- Pad Items:
- (1) Letter from Mr. T. Stoneburgh, Principal, St. Thomas Aquinas School.
 - (2) Letter from Mr. P. Beveridge, The Board of Education for the City of Hamilton.
 - (3) Letter from Mr. J. Illman, Principal, Robert Land School.
 - (4) Brief from Mrs. M. Kirstine, Director of Public Health Nursing, re Mrs. C. Buffett, Nursing Supervisor.
 - (5) Quarterly Report - Second Quarter 1983.

THE BOARD OF HEALTH

The Board of Health met at 9:30 a.m. on Monday, October 31, 1983, in the Committee Room, 15th Floor, Regional Offices.

Present: Chairman J. Farley
Vice-Chairman (Councillor) P. Cowell
Councillors B. Charlton, B. Hinkley, M. Kiss, J. Prentice, A. Sloat
Mrs. I. Pirocchi

Absent with Regrets: Councillor R. Morrow

Also Present: Dr. I. Cunningham, Dr. L. Browne
Messrs. L. Flemming, R. Letourneau, A. Tomlinson
Mmes. M. Kirstine, J. Gallipeau

Members of Council:

The Board of Health presents Report 2-83 for information:

Resolutions:

The following resolutions were passed:

1. WHEREAS the Faculty of Health Sciences of McMaster University has invited the Board of Health to cooperate in establishing a Teaching Unit Programme;

AND WHEREAS it is understood that 100% of the costs will be borne by the Ministry of Health;

AND WHEREAS this arrangement recognizes the traditional role of the Board in past years of providing field experience for health professionals;

THEREFORE, subject to the approval of the Ontario Ministry of Health and the advice of the Regional Solicitor, the Board of Health agrees in principle to the establishment of a Teaching Health Unit and instructs the Medical Officer of Health to indicate to Dr. R. Maudsley, McMaster University, the Board's acquiescence in this proposition.
2. THAT the staff prioritize the problem with Pediculosis at St. Thomas and Strathcona Public Schools as an emergency; and

That they immediately investigate the situation, deal with the problem and report back to the next meeting of the Board; and

That re-examination and the method of allowing children to return to school be included.
3. THAT a letter of congratulations be sent to the members of staff of the Health Unit who received recognition during the Week of the Child.
4. THAT a letter be forwarded to the Planned Parenthood Association advising that discussions would continue in order to complete the preparation of a co-operation agreement for execution as soon as the enabling legislation is passed.
5. THAT the Hamilton Regional Health Unit make application to the Ministry of Employment and Immigration for funding under the New Canada Works Program for the implementation of a Records MGT System.
6. THAT the position of Public Health Nutritionist be established in a new salary range at Level 12, being a range of \$22,970. p.a. to \$27,209.11 p.a.

Respectfully submitted,

Janet Farley,
Chairman

The following items were considered and dealt with as indicated:

- a) Drs. R. Maudsley, G. Flyte, Dean Sue French, Professors L. Chambers and O. Roman made a presentation regarding the establishment of a Teaching Unit Programme at McMaster.

- b) A delegation of concerned parents addressed the Board regarding the Pediculosis situation at St. Thomas and Strathcona Public Schools.
- c) The Minutes of the Board meeting of October 3, 1983, were received.
- d) A letter from Dr. B. Blake, Ministry of Health, regarding 1982 settlement of the General program and Family Planning, was received.
- e) A letter from Mrs. I. Lawson, Association of Ontario Boards of Health, enclosing a copy of the response from the Minister of the Environment regarding the Board's resolution dealing with pollution of drinking water supply sources in Ontario, was received.
- f) A letter from Alderman P. Cowell, Ward 6, City of Hamilton regarding the matter of raising and/or keeping of animals and fowl in residential areas, was received.
- g) The Medical Officer of Health presented a verbal report on the Planning for the 1990 C.P.H.A./O.P.H.A. Conference.
- h) The Medical Officer of Health was instructed to examine the feasibility of establishing a volunteer program to monitor Pediculosis in the schools, to enquire into funding by the Ministry and to report back.
- i) It was agreed that the Board meetings scheduled for November 14 and 28 be cancelled and that the next meeting be held on November 21 if it does not conflict with any meetings at the City.
- j) The Board moved in camera to discuss personnel matters.

Office of the Mayor



352 Dundas St. W., (Box 50)
Waterdown, Ontario L0R 2H0
Tel. (416) 689-7351
(416) 524-0322

November 8, 1983

Mrs. Farley,
Hamilton-Wentworth Board of Health
74 Hughson Street South
Hamilton, Ontario.

Dear Mrs. Farley:

I am writing to you and the Board of Health regarding a matter of concern in Flamborough.

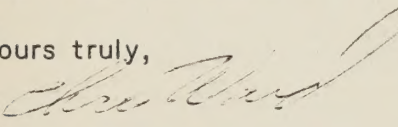
For the past six months, the Township has received complaints regarding the dumping of septage in the area around Beeforth Road. Two families have already complained regarding health problems which they believe are related to a contaminated water supply as a result of this septage.

I understand that this material is being dumped on land owned by the hauler (Law's Septic Pumping and Service). While it is not unusual to dispose of septage and sludge on agricultural properties in Flamborough, it is difficult to understand why a permit would be issued for this in an area where there are numerous residential properties. In addition, the residents suspect that industrial liquid waste is also being dumped.

Over the course of the past year, the homeowners on Beeforth Road have phoned the Health Unit and the Ministry of the Environment regarding these complaints. They feel that their concerns are being ignored. I trust that the Board of Health will look at this matter. I would suggest that this site is not appropriate for sewage disposal and I would appreciate any analysis which the Health Board may have for this site. In addition, I trust that this disposal site is monitored.

Enclosed is the "Yellow Pages" advertisement for this hauler which indicates commercial and industrial waste is also handled by this company. Please verify that industrial waste is not being spread at these sites.

Yours truly,


Christopher Ward
Mayor
Township of Flamborough
CW/lw

c.c. G. Hicks, M.O.E.
Dr. Ian Cunningham
Eric Cunningham, M.P.P.
P. Cowell



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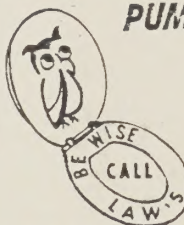
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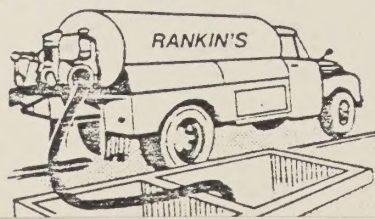
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NOV 7 1983

Deputy Minister
Sous-ministre

Ministry of Health
Ministère de la Santé

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NOV 4 1983
HEALTH DEPT.

Edifice Hepburn
Queen's Park
Toronto, Ontario
M7A 1R3
416/965-2437

Hepburn Block
Queen's Park
Toronto, Ontario
M7A 1R3
416/965-2437

November 1, 1983

The Honourable Claude F. Bennett
Minister of Municipal Affairs & Housing
4th Floor, Hearst Block
Queen's Park
Toronto, Ontario
M7A 2K5

Dear Mr. Bennett:

On behalf of the Honourable Keith C. Norton I would like to acknowledge your letter dated October 4th, 1983 concerning Councils of Regional Municipalities assuming the duties of Boards of Health.

Since the Health Protection and Promotion Act is so near proclamation the Ministry supports your proceeding with a Submission recommending the appropriate changes to the Durham, Hamilton-Wentworth and Peel Regional Acts. In addition, at a recent meeting with Chairman A. Jones she advised that Hamilton feels it is important to proceed as soon as possible. As you suggested, January 1st or at the end of this Session should be appropriate timing.

Yours sincerely,

Graham W. S. Scott, Q.C.
Deputy Minister

Division of Social Science

**YORK**
UNIVERSITY

FACULTY OF ARTS

4700 KEELE STREET, DOWNSVIEW, ONTARIO M3J 1P3

RECEIVED

NOV 16 1983

HEALTH DEPT.

November 6, 1983

Dear Dr. Cunningham:

Please find enclosed a copy of the letter we have sent Dr. McKilligen about the effects on our service of the decision to disallow more than \$ 7400 of the family planning budget. It appears that funds were disallowed because our salaries and benefits exceeded 7%. The salaries line would have been above 7% because of the province's provision that employees earning less than \$20,000. should receive a flat \$1,000. increase. Seven of the clinic's employees had 1982 salaries of less than \$20,000.

We certainly hope that you will support our efforts to have funding reinstated. The demand for clinic services is currently very heavy and, as a result, the Board of Planned Parenthood is most anxious to assure that service cuts do not have to be made.

Sincerely,

*Ellen Baar*Ellen Baar
President
Planned Parenthood
Society of Hamilton



The Planned Parenthood Society of Hamilton

Serving the community through The Dr. Elizabeth Bagshaw Centre
4 Catharine St. N., Hamilton, Ont. L8R 1H8 Tel. 528-3009 528-7343

November 5, 1983

Dr. Helen McKilligin
Family Planning Program
Ministry of Health
15 Overlea Blvd.
Toronto, Ontario

Dear Dr. McKilligin:

This letter will officially inform you and the District Health Council that as a result of the decision to disallow \$7476 of expenditure under the family planning budget and to allocate all of that reduction to the Dr. Elizabeth Bagshaw Clinic rather than the \$905. which we had been told we would have to cut, will require severe cuts in medical services offered in November and December 1983. We traditionally schedule increased numbers of clinics during these months to meet demand. We will be unable to do so this year despite the existence of an extensive waiting list.

We are particularly concerned with these cuts because we believe they were made because of the percentage increase in the salary benefits lines. These high percentage increases occurred because in 1982 seven of our eight staff members earned less than \$20,000 per year. As well, two employees who had previously received OHIP coverage through their spouses (the only benefit our employees receive) were no longer covered as a result of unemployment and thus sought coverage through the clinic. While the OHIP coverage has been denied them by the Board of Health as a result of a misinterpretation of the inflation guidelines, it was the Board of Health which altered our salary line to reflect the \$1,000 increases permitted those earning less than \$20,000. We had calculated the increases based in a \$75000 increase for those earning less than \$15,000 in the budget we submitted in November 1982.

Our Board feels very strongly that cuts of which we are informed on October 19th after salary increases have been allowed are most unfair. We have cut absolutely every other expenditure in an effort to minimize the cuts in service. However, this late in the year only physicians services provide the remaining funds and that is only because of a vacancy saving factor. We strongly urge the reinstatement of the funds which have been disallowed so that we can meet the demand. It should not be necessary to ration our services.

Sincerely yours,

Ellen Baar

Ellen Baar
President.

c.c. District Health Council

M E M O R A N D U M

TO: Dr. A. I. Cunningham
FROM: A. A. Tomlinson
DATE: November 14, 1983
SUBJECT: EDUCATIONAL ASSISTANCE
IN ENVIRONMENTAL HEALTH

RECEIVED

NOV 14 1983

HEALTH DEPT.

Origin We received a letter dated September 23, 1983, from Dr. Barbara Blake of the Ministry of Health that the Ministry will provide funds for one inspector each year from each Health Unit to complete the fourth year of Bachelor of Applied Arts in Environmental Health at Ryerson Polytechnical Institute. The Ministry will cost share with the Board of Health at the usual percentage rate, full tuition fees plus 2/3 of the Inspector's current monthly salary.

Analysis We have two requests for assistance on this course. One for 1983 - 1984 semester from A. Cimadamore (already on course) and one for 1984 - 1985 semester from Frank Shimoda, our Chief Inspector.

Following is a break down of the cost to be inserted in the Inspection Division Budget:

1983 TOTAL COST TO BOARD OF HEALTH

A. Cimadamore - October to December	
6.5 pays @ $1129.50 \times \frac{2}{3} \times \frac{1}{4} =$	1223.63
J. Godin - Replacement at Step 1	
of Public Health Inspector, Oct. to Dec.	
6.5 pays @ $931.60 \times \frac{1}{4} =$	1513.85
total cost	2737.48
A. Cimadamore - full time salary	
for 6.5 pays would be normally	
6.5 pays @ $1129.50 \times \frac{1}{4} =$	1835.44
Balance	902.04
Tuition fees $460 \times \frac{1}{4} =$	115.00
Total cost to the Board	1017.04

We have sufficient funds in our budget to cover this extra cost for 1983.

1984 COST TO BOARD OF HEALTH

A. Cimadamore - January to April 1680.20
 8.5 pays @ 1185.98 x $\frac{2}{3}$ x $\frac{1}{4}$ =

J. Godin replacement
 8.5 pays @ 978.18 x $\frac{1}{4}$ = 2078.63

total cost 3758.83

A. Cimadamore at full salary Jan. to April
 8.5 pays @ 1185.98 x $\frac{1}{4}$ = 2520.21

Balance cost 1238.62

Tuition fees 447.50 x $\frac{1}{4}$ = 112.50

Total cost to the Board for A. Cimadamore 1351.12

FRANK SHIMODA 1984

This Health Unit would have paid F. Shimoda from October to December
 6.5 pays @ 1396.92 x $\frac{1}{4}$ = 3270.00

Instead,

This Health Unit will pay F. Shimoda for October to December,
 6.5 pays @ 1396.92 x $\frac{1}{4}$ x $\frac{2}{3}$ = 1513.33

Saving to Health 756.67

and also will pay Unit

A Senior Inspector to move up to 1st step of Chief's salary,
 6.5 pays @ 1190.78 x $\frac{1}{4}$ = 1935.00

Cost to Health Unit 1178.33

Health Unit would have paid a Senior Inspector
6.5 pays @ 1185.98 x $\frac{1}{4}$ = 1927.22

instead

That Senior Inspector will be replaced by
J. Godin at 1st Step Public Health Inspector
6.5 pays @ 978.15 x $\frac{1}{4}$ = 1589.54

saving to Health Unit 337.68

cost to Health Unit 1178.33

Balance of cost to Health Unit 840.65

plus Tuition fees 115.00

F. Shimoda's total cost to the Health Unit 955.65

A. Cimadamore's total cost to the Health Unit 1351.12

TOTAL COST TO HEALTH UNIT
FOR 1984 2306.77

Summary

I would recommend that we request to the Board for these costs.

We will be able to budget for this in 1984 and keep within the 5% guidelines.

A. A. Tomlinson, C.P.H.I.(C)
Director of Inspection Service.

AAT:cs

HAMILTON-WENTWORTH REGIONAL HEALTH UNIT
PUBLIC HEALTH NURSING

To: Madame Chairman,
All Board Members

From: Myrtle L. Kirstine

Re: Pediculosis in Schools

Date: November 14, 1983

1.0 Origin: Resolution of the Board of Health, Monday, October 31, 1983:

"That the staff prioritize the problem with pediculosis at St. Thomas and Strathcona Public School as an emergency and that they immediately investigate the situation, deal with the problem and report back to the next meeting of the Boards; and that re-examination and the method of allowing children to return to school be included."

2.0 Action Taken: Problems at Strathcona Public School and St. Thomas Aquinas S.S.

- 2.1 The Director of Nursing and Medical Officer of Health attended a previously scheduled meeting with Hamilton Board of Education officials immediately following the Board of Health meeting. At that meeting, a call was placed by the Board of Education to the Principal at Strathcona Public School who reported that he did not consider there was or had been a serious problem with pediculosis at Strathcona Public School.
- 2.2 On the 31st October, supervisors made arrangements through principals for screening of all students in these schools. Review of Health Unit records showed that 3 children (2 in one family) in Strathcona Public School had been found to have pediculosis on 13 October 1983. The class involved was re-screened on October 17, 1983 - no pediculosis found. In addition, the Pediculosis Slide Tape educational presentation was given for teachers and students in Grades 2, 3 and 6 by the public health nurse at Strathcona Public School. Public health nurses were not aware of any serious outbreak of pediculosis in either school.
- 2.3 Screening was carried out in both schools on 1 November 1983 and no student was found in either school to have lice or live nits although one student in Strathcona had some "dead" nits. Screening was repeated on 14 November 1983 at St. Thomas Aquinas and no lice or nits were found. One newly admitted student (from outside Hamilton area) was found to have pediculosis upon re-screening at Strathcona Public School on 14 November 1983.
- 2.4 In order to determine the extent of the problem in other schools, one full time Registered Nursing Assistant and one part-time Registered Nursing Assistant (R.N.A.) were withdrawn from the Vision and Hearing Screening program and a schedule was drawn up for re-screening for pediculosis by the R.N.A. in schools previously identified and/or currently reported as having above average incidence of pediculosis. Identified cases of pediculosis were re-screened by the R.N.A. the following day. Data in relation to this survey are attached to this Report.

3.0 Re-Examination and Re-Admission to School:

During the most recent blitz screening, students identified as having nits and/or head lice were re-examined the following school day by the R.N.A. who screened them initially. It should be noted that a principal may exclude without the advice of a nurse.

4.0 Re-Examination and Allowing Children to Return to School:

- 4.1 Prior to January 1983, Health Unit staff attempted to re-screen each child prior to re-entry to school. This was not always feasible or possible due to the fact that each nurse is assigned to 3 or 4 schools and (1) would have to leave work at one to examine children at another; (2) pressures of time and cost-benefit as the majority did treat their children adequately; (3) introduction of the Immunization of School Pupils Act in 1982 which required the Medical Officer to assess the Immunization status and maintain records of students put extra pressures for time and responsibility on public health nurses; (4) questions arise as to the best time for re-screening.

After January 1983, the system as described in 4.2 was introduced. This allows children to return to school after adequate treatment without being seen by the nurse and leaves the major responsibility with the parent. The nurse continues to be involved where indicated.

- 4.2 When a student is identified by a Health Unit staff member as possibly having nits or head lice, a form letter to Parent or Guardian is completed and signed by the nurse and the student is excluded under the signature and authority of the principal acting on behalf of the Board of Education. In addition, a letter describing recognition and treatment of pediculosis in detail is sent home with the student (samples attached). In brief, this letter advises the parent of the treatment and that the child may return to school after treatment and/or in some cases the nurse may wish to see the child before returning to class. This request or decision for re-examination is made by Health Unit staff and/or Board of Education staff. It is estimated that the majority of parents do understand and are successful in eliminating pediculosis. Students are referred to the nurse for re-screening the next time she is in the school. Parent may be asked to come to local Health Unit offices for demonstration and teaching and re-screening of the child. The nurse also makes home visits in cases where additional teaching is required and may make a special visit to the school if requested.
- 4.3 Data regarding involvement of nursing staff during 1983 is attached to this Report.

5.0 Statement of Some Problems:

- 5.1 Adequacy of data in regard to the incidence at any given time? Control measures, questions re effectiveness of present procedures, eg. when is best time to re-screen? Are "blitz" screenings useful and cost-effective? What measures help in prevention, eg. separate lockers, plastic bags for each students' hats/scarves at school.
- 5.2 Pressures from other programs and insufficient time or staff to respond to requests - several persons involved rather than a "team" who would have assignments mainly for pediculosis control. Core programs and urgent referrals may necessarily take priority of the nurse with a busy schedule.

- 5.3 Need for an ongoing educational/promotional program to help the general public, school personnel and parents in recognition, treatment and control measures. Public becomes alarmed without sufficient information. Cost effective approach - R.N.A.s or volunteers - what are the implications of using volunteers?

6.0 Other Information:

- 6.1 As outlined in the First Quarterly Report, 1983, the nurses in the Dundas Office developed a slide tape show aimed at assisting parents, students and teachers in identification and control of pediculosis and in encouraging parents to take responsibility for regular checking of their children for possible infestation. This has been proven to be very popular. Since 1st September 1983, 7 parent groups and 13 classes have been addressed by the public health nurse using the educational show. It is of interest to note that calls from concerned parents and school personnel are much fewer in the Dundas area than in any other.

7.0 Summary and Recommendations:

- 7.1 The nursing staff has responded to the resolution of Board of Health by giving immediate attention to St. Thomas Aquinas and Strathcona Schools where it was found that the incidence of pediculosis was negligible in these schools.

During the 2-week period, registered nursing assistants screened 3,185 students in high risk schools and excluded 133 or 4%. Re-examination by R.N.A.s showed that 89% were clear of nits, others required further follow-up. No pediculosis was found in schools in the Dundas area where an extensive educational program was carried out both in schools and community. These data indicate that there is a need for continuing screening in order to monitor the problem and for re-examination of students prior to re-admission to school. Educational endeavours appear to have benefit. Some schools have used volunteers in cooperation with the public health nurse very successfully.

In consideration of the foregoing, it is recommended that:

- (1) Registered Nurse Assistants (5) be employed as needed for pediculosis program in schools covering each office area who would screen for pediculosis and re-examine prior to re-entry to school - for a period beginning 21 November to 31 December 1983 as required and that,
- (2) A B2 submission be made to the Ministry for cost sharing of a volunteer coordinator who would be responsible for recruiting, selecting, education and supervision of volunteers in each area who would carry out pediculosis screening and re-examination and help with other tasks suitable to volunteerism and,
- (3) that public health nurses give priority to an educational/promotional program regarding pediculosis in elementary schools and for community groups, to include an evaluation component.

Respectfully submitted,

Myrtle L. Kirstine

Myrtle L. Kirstine, Director
Public Health Nursing Services

MLK/gw

Attachments: Pediculosis Screening Information
(2 forms) Budget for Pediculosis Control Program

(1)

HAMILTON-WENTWORTH REGIONAL HEALTH UNIT

PUBLIC HEALTH NURSING

PEDICULOSIS SCREENING INFORMATION

Number of Students Screened 1 January - 31 October 1983

	<u># Screened</u>	<u>Time in hrs.</u>	<u>Cost & Time Only</u>
By Public Health Nurses	19,870	648	@ \$14.00 per hr = \$9,072.00
By Registered Nurses	3,966	138	@ \$14.00 per hr = 1,932.00
By R.N.A.s	<u>12,869</u>	<u>325</u>	@ \$ 8.00 per hr = <u>2,600.00</u>
TOTAL	36,705	1,111	\$13,604.00

Data re "High Risk" Schools - Blitz Screening - by Registered Nursing Assistants
1 November - 11 November 1983

Schools = 6 # Students Screened = 3,185

Excluded = 135 or 4%

Rechecked next School Day - 110 # Absent = 25

Clear of Nits = 89 or 81%

Range - 65% in East End to 92% in Stoney Creek were clear on re-examination. No pediculosis was identified in 2 schools screened during this blitz in Dundas Area.

Time Involved - 140 hours

Cost (time only) = 140 hours x \$8.00 hr. = \$1,120.00

In addition, public health nurses screened 3707 during October & first 2 weeks in Nov.

Time = 106 hours Cost = 106 hrs. x \$14.00 - \$1,484.00

Total Cost - Time only = \$2,604.00

MLK/gw
14/11/83

HAMILTON-WENTWORTH REGIONAL HEALTH UNIT
PUBLIC HEALTH NURSING

PEDICULOSIS SCREENING & RE-EXAMINATION

Budget Estimate * - 22 November to 31 December 1983

Purchased Services =

Registered Nursing Assistants = 6 hrs/day x 24 days @ \$9.20/hr. = \$1,324.80*

Printed Material for Distribution to each student (45,000) = 2,000.00

TOTAL = \$3,324.00

* Does not include time spent by nursing staff in coordinating, follow-up home visits.

1984 Budget Estimate B2 Item Annualized

1 Co-ordinator and Volunteers - Draft B2 - 1982 Total

<u>Salary</u> - 1 Co-ordinator	\$24,000.00	
Benefits @ 14%	<u>3,360.00</u>	
TOTAL		\$27,360.00
Travel (120 mo. x 12 months)		1,440.00
Phone (55 x 12)		660.00
Office Equipment		2,000.00
Travel for Volunteers		2,000.00
Printing & Supplies		<u>3,000.00</u>
TOTAL		<u>\$36,460.00</u>

Main & East End Offices - 528-1441
Stoney Creek Office - 664-4232

Mountain Office - 389-2203
Dundas Office - 628-6325

PEDICULOSIS (Head Lice)

Information for Parents:

Whenever large groups of people are together and especially groups of young children, the problem of head lice can occur.

Head lice are very non-discriminatory and can show up anywhere, eg. nursery schools, camps, sports groups and elementary schools.

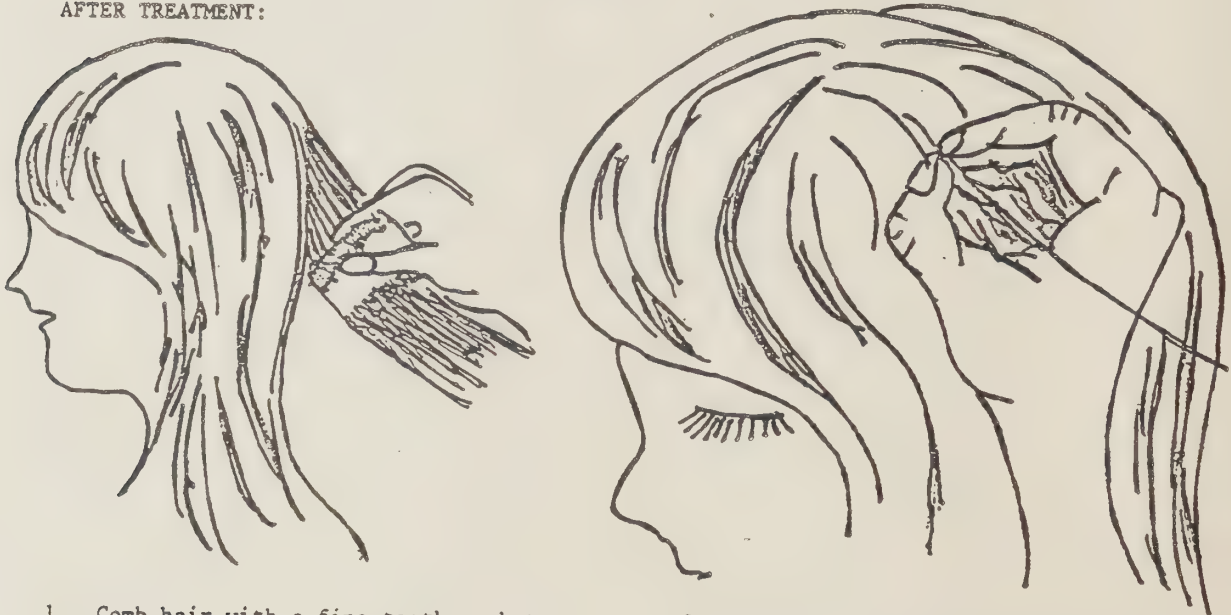
This letter is meant to make you more aware of what to look for and when.

Every time you shampoo and dry your child's hair, or if your child seems to be scratching the head more than usual, check the scalp and hair. Look particularly behind the ears and at the back of the head for a rash and for evidence of any adult lice or nits. The lice are flat, greyish-brown, 2mm insects and their eggs (nits) are oval and whitish in colour and will be firmly attached to the hair shaft at scalp level. Dandruff can be flicked off: nits cannot.

If at any time you become aware of head lice or nits, check all members of the family. Several products are available at the local pharmacies without a prescription for treatment.

Purchase a suitable product and treat all affected family members exactly as directed on the instructions. DO NOT OVERTREAT.

AFTER TREATMENT:



1. Comb hair with a fine tooth comb to help loosen nits which are attached to hair strands.
2. Pull off loosened nits by grasping the nit between finger tips (in above manner) and pull nit along the strand of hair. Discard nits into paper bag and put bag into enclosed garbage container. Continue this procedure until all nits are removed.
3. Disinfect all possibly infested clothing, towels, bed linens by washing in hot water and drying at high heat.
4. Dry clean any clothing and head gear that cannot be washed or use a lice spray intended for use on upholstery, blankets, etc.
5. Disinfect all combs and brushes by soaking in hot soapy water for 20 minutes or use the lice spray.
6. Continue to check the head carefully for one week and remove any further nits.
7. Please advise any organization or family where your child has been of the need to watch for nits or lice.
8. If you have any further questions, contact the local office of the Hamilton-Wentworth Regional Health Unit, Public Health Nursing - numbers listed above.

November 15, 1983

TO: Madame Chairman,
All Board Members.

FROM: Dr. A.I. Cunningham.

RE: Programme Volunteers.

At the last meeting of the Board on the 31st of October, the Board requested staff to assess and report on the proposal, from the Ministry of Health, to fund the hiring of a Coordinator of Volunteers.

The Ministry has conducted a survey and established general guidelines for a Volunteer Programme. As well, on the hiring of a full time or part-time Coordinator of Volunteers, the Ministry is prepared to share in the costs of such a programme at the rate of 75%.

The Hamilton-Wentworth Regional Health Unit has already two volunteer programmes in place:

- i) Dr. Shivo Tandan negotiated in 1978 for volunteers to implement his fluoride rinse programme in schools in the municipalities outside Hamilton. With the help of school principals, Dr. Tandan and his staff identified volunteers interested in this kind of work and trained them to provide the service and to document it. Presently, the 154 helpers in the schools in these municipalities offer fluoride mouth rinses about twice per month in every County school. This is accepted by the Royal College of Dental Surgeons of Ontario as normal dental practice. Dr. Tandan has been in touch with Mr. Peter Beveridge to extend this kind of programme to all the schools of the City and the discussion is ongoing. This is part of general programme and receives 75% Ministry support.
- ii) Mr. Hank VanDooren has maintained a volunteer programme that has been functioning, on behalf of the Board of Health, for well over a decade. Established by Mary Blum-Devor, this programme provides the clientele with a variety of care assigned to selected, trained, oriented volunteers. The volunteers are university students; social service candidates; and others with social and professional skills. Ms. Charlotte Bayne, B.S.W. is employed as a Court Psychometrist and works two days as the Coordinator of this Volunteer Programme. She undertakes to train; orient; phone and confirm appointments; set-up face-to-face meetings; interpret the training package and the training manual and identify any appropriate assignments. Volunteers are recruited on a word-of-mouth basis and also by public service announcements at appropriate times in the year. Most of our volunteers have a desire to learn for academic reasons or to improve their own life skills. This programme has been so successful and has survived for a number of years, even in administrative change. This is subsidized at 100% by the Ministry of Community & Social Services.

In London-Middlesex Health Unit, 400 volunteers assist dental staff with fluoride rinses and this may involve a half day per year on the part of any one individual and, in the nursing programmes, volunteers assist at immunization clinics by swabbing arms and checking forms; visiting hospitals with new mothers during the tours provided by prenatal classes; assisting at family planning clinics in clerical activities; carrying out scoliosis screening under nursing supervision; and carrying out vision testing under nursing supervision. The volunteers in London-Middlesex are mostly retired nurses and a clerk on the staff of the Health Unit confirms work assignments and finds back-ups for volunteers as a part of her normal job assignment. As well, the same clerk maintains a roster and various members of staff use this to phone for volunteers directly. It's likely that this volunteer system was set-up with the Sabin polio vaccine immunization and also the measles immunization of the 1960's. The Board of Health in London confirms and congratulates the volunteers for their efforts by providing an annual lunch.

SUMMARY & RECOMMENDATION:

This Board of Health already has two good volunteer programmes on the ground working for the taxpayers of this Region. It may be possible to expand such volunteer programmes to other areas of the Health Unit endeavour. I, therefore, RECOMMEND that the Board receive this report for information and I will report at a later date.



A.I. Cunningham, M.D., D.P.H.,
D.T.M.H. (London),
Medical Officer of Health.

AIC/ac

REPORT TO:

Dr. A. I. Cunningham

FROM:

A. A. Tomlinson

DATE:

November 14, 1983

SUBJECT:WATER SAMPLING OF BEACHES
ON LAKE ONTARIO

RECEIVED

NOV 14 1983

HEALTH DEPT.

RECEIVED

NOV 14 1983

HEALTH DEPT.

Origin

The summer of 1983 may move to be a memorable one as public emphasis was directed to the cleanliness of waters at our bathing beaches. Local and national media coverage were brought about when Lake Ontario beaches of Toronto were declared unfit for bathing throughout most of the summer. This somewhat unprecedented turn of events, lead to local public questioning of the safety for bathing beaches throughout or Province and especially around the Great Lakes.

Analysis

For the past 25 years, we have been sampling water off the shores of Lake Ontario within the boundaries of the City of Hamilton in order to determine if the water was bacteriologically safe for bathing. After amalgamation of the City of Hamilton and the County of Wentworth Health Units, we extended our sampling to the boundary line of the counties of Wentworth and Lincoln Township. Our present records date back to 1979. This is a report to the Board of Health as to our present methods of sampling and results of our tests for 1983.

Our sampling methodology is as follows:

Distance of sampling location from shore - 10 - 15 ft.
Depth of water at sampling location - 3 - 4 ft.
Depth of surface at which sample taken - 1 foot.

Samples taken by wading into the water and using a reaching pole 10 feet in length. Samples are taken at 13 fixed locations from the Canal to Winona Road. Judgement for posting each of the locations was based on fecal coli counts of 100 per 100 ml. over 3 consecutive days. Each location remained closed until we obtained fecal coli counts of 100 per 100 ml. or less on 3 consecutive days. Samples were taken daily from June 7th to August 31st.

The Provincial Laboratory co-operated by remaining open on weekends to receive and test our samples. Results were reported to us within 16 to 24 hours on the fecal coli counts by telephone each morning.

Attached is a list of the sampling sites showing the number of times posted and total days posted.

1983 was an average year for posting the beaches. There has been a variation of points along the beach that we had to post over the years. The water temperature between June 15th and August 31st remained at about 20°C, which is unusual for Lake Ontario. But, this year we had a very warm summer. There was therefore more attention by the public when a beach had to be closed. The media this year were also very interested and each morning about one hour of my time was spent answering their calls and reporting the areas posted. However, I found the media to be most co-operative and understanding, and their reporting to be just.

We neglected to report to the Conservation Authorities on the first closure, but after that, we kept them informed and they were satisfied with our procedures.

We had wooden stakes that were driven into the sand and cardboard signs attached, warning of the danger of swimming, which in a day or two, the signs would be torn down and the wooden posts used for firewood for beach parties. We of course would have to keep replacing the posts and signs.

Summary

Although I can not clearly justify all the reasons for high bacteria counts on the shores of our Lake, I do know that counts tend to increase when the water temperature is constantly higher than 20°C, when algae growth is heavy along the shoreline, and when the water is rough and when we have heavy rains, which cause run off from the creeks and storm drains that enter the Lake, and there is another theory that the Bay water flowing from the Canal, produce a bacterial plume in Lake Ontario, which from time to time flow back into our shoreline depending on the wind direction.

Our summer students under the direction of our inspection staff, were very interested and concerned

about our sampling procedure and followed it as directed, our Provincial Laboratories were also most helpful in testing and reporting as quickly as possible.

There is however room for improvement in our methods of determining the reasons for closure and our methods of posting which I will briefly outline.

1. Continue to sample daily at the same areas.
2. Continue to monitor the waters bacterial quality as reported to us by the Provincial Laboratory.
3. Post permanent steel posts and metal signs at each sampling point with wording to the effect that the beach in question is safe or unsafe for swimming.
4. Our reasons for posting and other procedure may be changed somewhat when we receive a report from a Committee that has been formed by the Ministry of Health, which is expected to be forwarded to each Health Unit in Ontario early in 1984.

A. A. Tomlinson, C.P.H.I.(C)
Director of Inspection Service.

AAT:cs
attachment

LAKE ONTARIO
WATER SAMPLES
(BATHING BEACH)

SAMPLING SITES	NUMBER OF TIMES POSTED	TOTAL DAYS POSTED
1 Canal	0	0
2 Killarney	0	0
3 Concession Stand	0	0
4 Marine Dock	1	4
5 Confederation Park (West)	1	3
5C Confederation Park Change House	2	9
5D Confederation Park (East)	2	19
6 Grays Road	1	6
7 Green Road	1	4
8 Cherry Beach	0	0
9 Fruitland Road	2	8
10 McNeilley Road	0	0
11 Winona Road	0	0

November 8, 1983

TO: Madame Chairman,
All Board Members.

FROM: Dr. A.I. Cunningham.

RE: The Prevention Of Death And Disability From Road Crashes.

- 1.0 In this Region, as elsewhere in Canada, road crashes are a common cause of death and disability in all age groups but the pain and loss fall most heavily on younger people. This being the commonest cause of death up to the age of 35. Attachment 1 outlines the experience in this Region over the last several years, as documented by the Hamilton-Wentworth Police Department.
- 2.0 In its philosophy, the Board of Health has accepted as a long-term objective the following:
 - i) the prevention of disease, disability and premature death and the protection of health.
 - ii) the promotion of health-improving activities in the maintenance of health.
- 3.0 The Ministry of Health has instructed Boards of Health to carry out public health education including education in the prevention and control of life style diseases (Section 5(7), Health Promotion and Protection Act). The Act and draft guidelines, however, are almost silent in regard to death from road crashes and omit any specific reference to the prevention of such events. Attachment 2 gives quotes from the present guidelines and recommends some amendments.
- 4.0 Historically, physicians, nurses and Boards of Health, have successfully addressed themselves to encouraging communities to take such steps as necessary to prevent disease. In Hamilton alone, the health professions have been leaders in the prevention of typhoid fever and other such diseases by the chlorination of water (1927); the prevention of tuberculosis by prompt, effective treatment (1905); the prevention of dental caries by the fluoridation of water supplies (1968); the prevention of measles by universal immunization (1968); the control of lung cancer by public education and the passage of "non-smoking bylaws" (1980). The dates in brackets indicate the year in which this Board and its predecessors dealt with these sources of death and disease.
- 5.0 Despite the frequency of death and disease to all age groups on our highways and despite the growing interest in car design and engineering of the roads, very little health education and information gathering for policy formation is ongoing in regard to the detrimental impact on our community arising from road accidents. As well, the necessity to understand and come to grips with the prevalent attitudes and behaviours contributing to road accidents, including the reiteration of the dangers of alcohol and drug use in a specific context, has lost focus. The collection and promulgation of statistics and data in regard to this

major source of death and disability as it applies to this community, needs reiteration and an amplification of the medical aspects of these tragedies. A study of the guidelines, as they are promulgated from the Ministry of Health in draft, shows very little reference to safety on the roads.

- 6.0 The prevention of mortality and morbidity from road crashes has largely been the responsibility of the Ministry of Transport. Dr. Peter Knight, Chairman of the Committee on Road Trauma of this City, has shared with me a letter from the Minister of Transport, the Honourable J.W. Snow, in which he indicates to Dr. Knight that the support for the prevention of accidents may be the responsibility of the Ministry of Health and others. (Attachment 3).
- 7.0 In this City, we are used to being trend setters. This City has been a leader in the promotion and development of a number of social movements:
- i) The Women's Institute (1875).
 - ii) The Planned Parenthood Association (1932).
 - iii) The Hamilton Automobile Association.
- 8.0 The Council on Road Trauma, in a similar leadership role, has addressed itself to a number of issues. They have been particularly active in the following:
- i) the design, maintenance and instruction in interpretation of safety seats for infants and children. The Council made one presentation to 40 or 50 M.L.A.'s while the House had mandatory infant restraint legislation before it.
 - ii) the education programme for understanding the contribution of impaired driving to mortality and disability arising from road crashes.
 - iii) the emphasis on the role of the misuse of alcohol and drugs in the causing of road crashes.
 - iv) the promotion of public understanding of the importance of prompt, expert care and modern equipment in the care of victims of road accidents by ambulance and emergency personnel. Presently, the Council is considering support for the introduction of shock pants and special rescue boards for ambulances in Hamilton-Wentworth Region.
 - v) the promotion of public understanding of, and participation in, the modern methods of resuscitation such as cardio pulmonary resuscitation, including the purchase and the proffering of 12 resuscitation dolls for teaching C.P.R.

- vi) to promote a Region-wide coordinated care programme is also part of the Council's endeavour with the objective of training one in five of every resident in the Region so that 80,000 people will know what to do and know what not to do at the scene of a crash before professional care arrives.
- vii) the carrying out of various promotional activities which includes:
 - a) a Road Safety Week in cooperation with all safety organizations in Canada.
 - b) Road Trauma Week addressed to local problems.
 - c) the holding of public forums on these several issues.
 - d) the presentation in Malls, Secondary Schools, Automobile Shows, etc., of this material.
 - e) the maintenance of liaison with organizations sharing similar objects: 1) Young Drivers' Association, 2) The Hamilton Automobile Association (a member of this Association is on the Board), 3) The Hamilton-Wentworth Regional Police, 4) All Boards of Education in this Region.

9.0 The aims and objectives, activities and budget of the Council on Road Trauma are outlined in Attachment 4. This group has been busy over three years and presently their supporting grant from the Ministry of Transport has not been renewed.

10.0 SUMMARY & RECOMMENDATION:

Crashes on the road lead to a large number of premature and preventable deaths and substantial permanent disability. This has been a matter of personal experience to members of past Boards of Health. The role of public education and health promotion is clearly outlined in the enabling legislation but not in sufficient detail in the matter of road crashes. Little activity has been devoted to influencing public attitudes and opinions and gathering information to address these tragic events. Consequently, I RECOMMEND to the Board the following:

- i) the drafting of a resolution to the Minister of Health requesting that guidelines re automobile crash prevention be incorporated into the mandatory health programmes as mentioned in Sections 5 and 7 of the Health Promotion & Protection Act (Bill 138) and that this resolution be shared with the Association of Boards of Health of Ontario.
- ii) that a petition go forth to the Minister of Health to meet with him to explain the Board's interest in this promotional programme with special reference to the Council on Road Trauma of Hamilton.
- iii) the granting of a one-time sum of money of \$5,000.00 for the support of the Committee on Road Trauma.

A.I. Cunningham, M.D., D.P.H.,
D.T.M.H. (London),
Medical Officer of Health.

List Of Attachments:

- 1) Statistical Data of Mortality and Morbidity for the Region of Hamilton-Wentworth: 1950 - 1986.
- 2) The Recapitulation of References in the Ministerial Guidelines of December, 1982 with Additions.
- 3) Letter from the Honourable J.W. Snow, Minister of Transport & Communications.
- 4) Membership and Constitution of Council on Road Trauma.
- 5) Letters of Support from Hamilton-Wentworth Regional Police Chief and Hamilton-Wentworth Regional Health Council.

AIC/ac

Attachment #1

Exhibit 1-2

PERSONAL INJURY RATES IN TRAFFIC COLLISIONS
1951 TO DATE

c/o Hamilton - Wentworth Police Dept

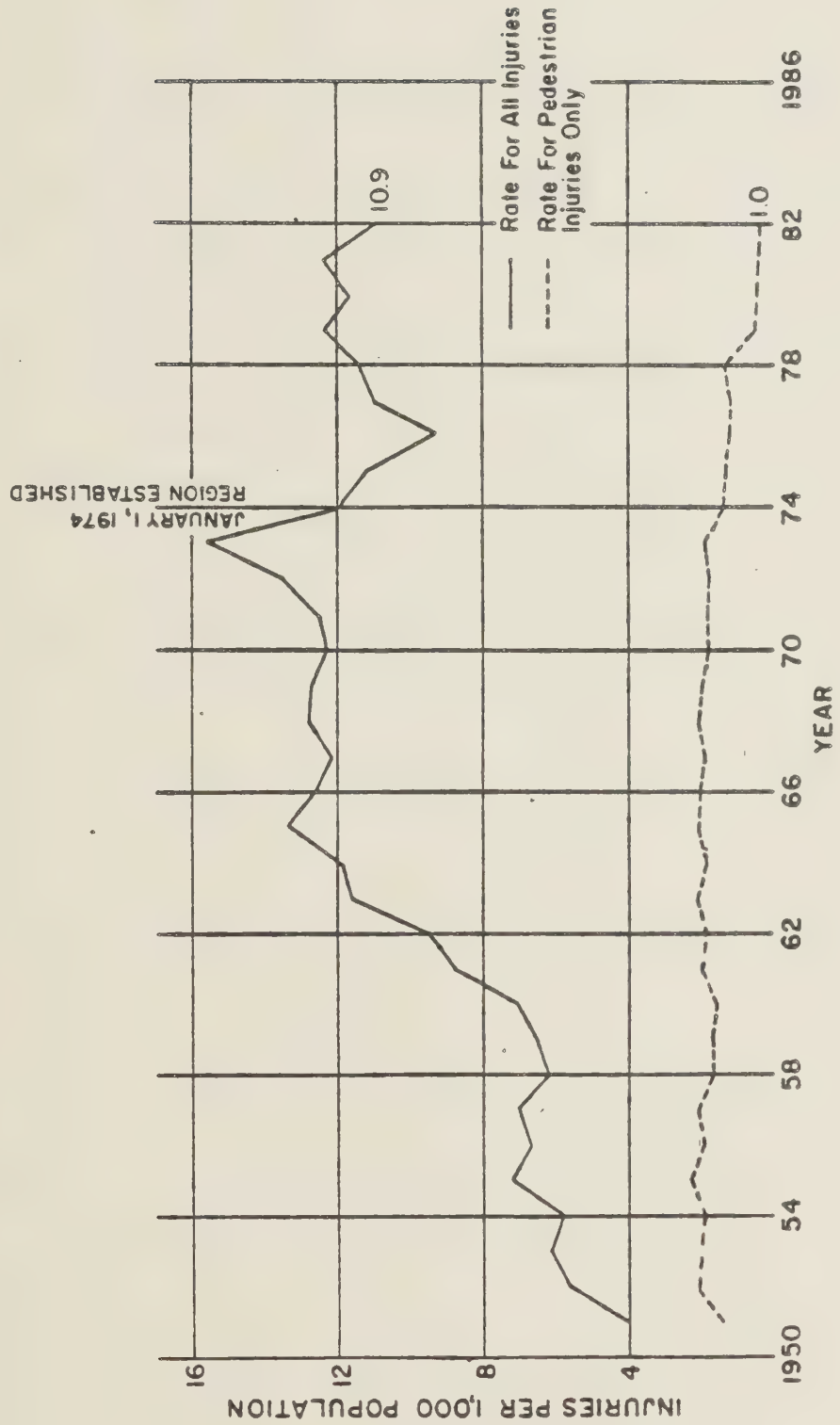
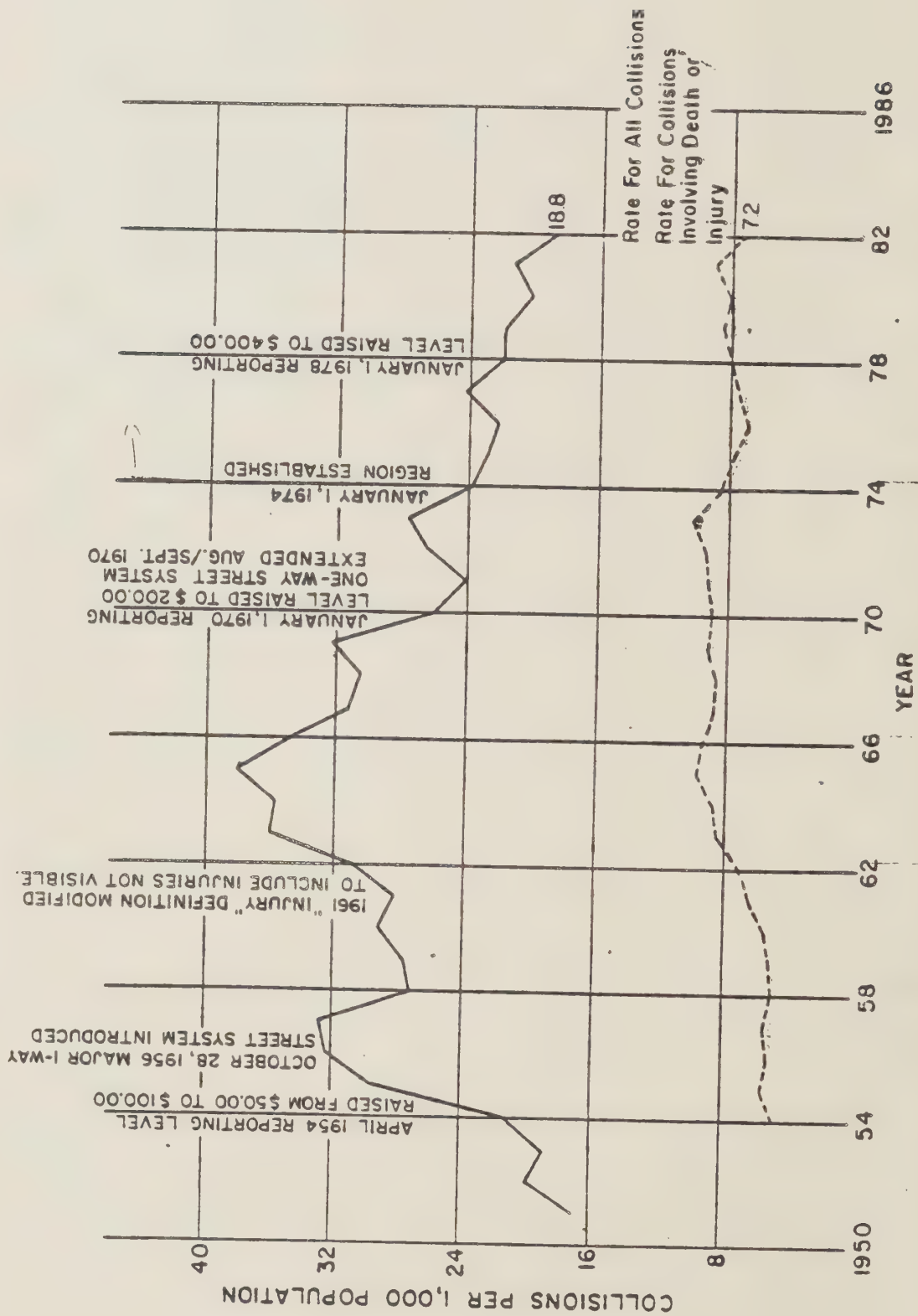


Exhibit 1-1
TRAFFIC COLLISION RATES - 1951 TO DATE
PERSONAL INJURY COLLISION RATES - 1954 TO DATE
in Region of Hamilton - Wentworth



Attachment 1

1982 HAMILTON-WENTWORTH COLLISION REPORT

Summary:

* In 1982, 7,663 reportable traffic collisions occurred on municipal roadways in the Region of Hamilton-Wentworth. These collisions resulted in:-

- 17 driver or passenger fatalities (9 motor vehicle drivers, 1 motorcyclist, 2 bicyclists and 5 riders or passengers)
- 10 pedestrian fatalities
- 3,752 driver or passenger injuries
- 396 pedestrian injuries
- 22,117 persons (equal to approximately 5 percent of the Regional population) being involved in a reportable traffic collision in 1982
- over 13 million dollars in property damages (as estimated at the time of the collision)
- 50 million dollars (estimated) in damages when all collision costs including medical costs, loss of income and other related costs are taken into account

* Historical measurements of the average rates of collision involvement for the period from 1951 - 1982 were found to be as follows:-

- 26.8 collisions per 1,000 population per year with no trend indicated (18.8 for 1982)
- 0.09 deaths per 1,000 population per year with no trend indicated (0.06 for 1982)
- 10.0 injuries per 1,000 population per year with an upward trend indicated from 1951 to present, but with no trend indicated from 1963 to present (10.3 for 1982)
- 1.7 pedestrian injuries per 1,000 population per year with a downward trend indicated (1.0 for 1982)

* The overall frequency of collisions in Hamilton-Wentworth is generally lower than other major Canadian municipalities.

ONTARIO MOTOR VEHICLE ACCIDENTS

Injuries & Fatalities to Child Passengers 0 - 4 years old

		0-24* months	2 years	3 years	4 years	Total
1982	Killed	5	2	1	2	10
	Injured	234	325	342	423	1324
1981	Killed	8	2	6	4	20
	Injured	387	349 ^a	428 ^a	433	1597
1980	Killed	9	3	1	5	18
	Injured	401	424	410	462+	1697
1979	Killed	7	4	3	3	17
	Injured	422	419	448	425	1714
1978	Killed	7	7	0	3	17
	Injured	385	401	442	448	1676
1977	Killed	5	3	3	2	13
	Injured	388	464	408	458	1718
6 YEAR TOTAL	Killed	41	21	14	19	95
	Injured	2217	2382	2478	2649	9726

* Note: 2 year period

^a Includes 1 child listed as a driver, as he/she set the vehicle in motion.

+ Includes 2 children listed as drivers as they set the vehicle in motion.

"DRAFT GUIDELINES FOR MANDATORY HEALTH PROGRAMMES & SERVICES AS PERTAINS TO THE PROPOSED HEALTH PROTECTION ACT - DECEMBER 1982"

The guidelines under this Act have, for Boards of Health, the force of regulations. The draft guidelines were made available in December 1982 and they refer to Sections 5 and 7 of Bill 138.

The guidelines are the Minister's instrument for establishing mandatory health programmes and cover the following areas:

- i) Community Sanitation Programme.
- ii) Control of Communicable Diseases.
- iii) Preventive Dentistry Programme.
- iv) Nutrition Programme.
- v) The Family Health Programme.

Under the heading of Family Health Programme are the maternal/parental health programmes; family planning programme; infant health programme; preschool health programme; school health programme; adult health programme; geriatric health programme; mental health programme.

The references to accident prevention in these guidelines are as follows:

- i) Page 63, Section 6, under Infant Health Services - "Parenting Classes will deal with infant care and nutrition, breast feeding, family adjustment . . . safety."
- ii) Section 7 - "The Community Public Education Programme In Infant Health and Accident Prevention will be available on request."
- iii) Page 66, Preschool Health Services, Section 6 - "Parenting Classes will be available to parents . . . such classes to contain but not be limited to: a) growth and development, b) child stimulation, c) nutrition, d) safety and accident prevention, e) dental care, f) immunization.
- iv) Adult Health Services, Page 73, Section 3Aii, Programme Delivery . . . (ii) Educational Programmes covering such topics as physical fitness, post-coronary care, smoking and its effects, safety, etc.
- v) Section 3(b) - The intent of . . . the standard may be met through the development of a list of criteria or indicators (a "risk indicator" list) which can be used to identify service priorities . . . (i) morbidity and mortality relating to life style diseases: e.g. cancer of the lung, coronary heart disease, mental health, alcoholism, accidents.
- vi) Section 3(c) - The intent of . . . the standard may be met through discussion and inter-agency meeting with groups/organizations working in the adult health field to facilitate the development of a coordinated approach addressing adult health problems.



Attachment #3

Office of the
Minister

Ministry of
Transportation and
Communications

May 31, 1983

Ferguson Block
Queen's Park
Toronto, Ontario
416/965-2101

Dr. P.R. Knight
Chairman
Council on Road Trauma
Hamilton Wentworth
224 James Street South
Hamilton, Ontario
L8P 3A9

Dear Dr. Knight:

I am writing in reply to your letter of April 20, 1983 regarding Ministry funding for 1983-84 for the Council on Road Trauma.

I would like to state at the outset that I agree that the Council has indeed achieved significant progress in its first year and has established programs which may have an important role in reducing the number of deaths and injuries on Ontario roads. I have been advised by Mark Larratt-Smith that he and Heather Cooper had an opportunity to meet with Mr. Allan and yourself on April 20th to discuss the Council's programs for the coming year and the funding difficulties you are presently experiencing.

While I can sympathize with the difficulties inherent in trying to raise community funding in periods of economic constraint, my Ministry is unfortunately not in a position to be able to offer the Council additional general funding. As you are aware, previous funding was given with the understanding that it was to be a one-time start-up grant and that C.O.R.T. would endeavour to secure other sustaining resources. However, let me add that if the Council is able at a future date to present details of a project with particular emphasis on safety objectives of interest to my Ministry, I would not rule out the possibility of special funding for that project.

With regard to further attempts by the Council to obtain general funding, I would encourage you to approach other Ministries of the Government of Ontario who have a role in highway safety. These include the Ministries of Health, Education, Correctional Services, the Attorney General and the Solicitor General.

Dr. Knight

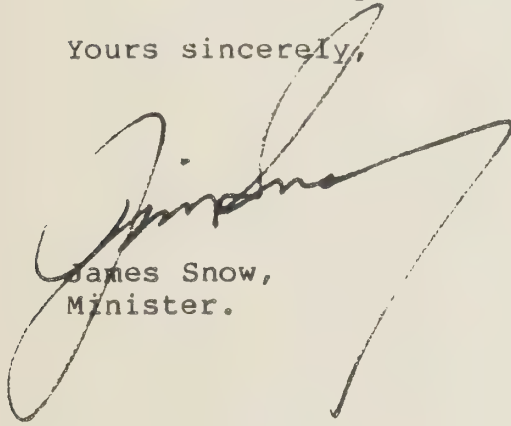
-2-

May 31, 1983

In summary, I trust that the Council will be able to resolve its current funding difficulties and I look forward to our continuing cooperation to reduce the incidence of road trauma in Ontario.

With kindest regards, I remain,

Yours sincerely,

A large, stylized handwritten signature in dark ink, appearing to read 'James Snow', is written over the typed name and title.

James Snow,
Minister.

COUNCIL ON ROAD TRAUMA

HAMILTON-WENTWORTH

OBJECTIVES

"TO ACT AS A FORUM FOR THE DEVELOPMENT AND
PROMOTION OF ROAD SAFETY PROGRAMS, DIRECTED
AT PREVENTING ROAD ACCIDENTS; TO REDUCE
THE EFFECT OF CRASHES AND TO FOSTER A HIGH
STANDARD OF FIRST AID AND MEDICAL CARE TO
THE VICTIMS."

Contents:

*1) Names of Board of Directors
p 1-4*

2) Constitution - Byelaw

p 5-8

C.O.R.T. BOARD OF DIRECTORS

J. N. Allan, R.I.A., F.S.M.A.C.
Retired

F. G. H. Baillie, M.B., Ch.B., F.R.C.S. (C)
Assistant Professor, Department of Surgery
and Family Medicine, McMaster University
Head, Section of Emergency Services,
Chedoke-McMaster Hospital

P. Barringer, B.A., M.D., C.C.F.P.
Family Physician

M. Basbaum, M.S.W.
Chief Social Worker, Rehabilitation Services
Chedoke-McMaster Hospital

M. Baskin, B.A.
President, Social Planning and Research Council

H. W. Beattie, M.D., F.R.C.S. (C), F.A.C.C.P., F.A.C.C., F.A.C.S.
Professor and Chairman,
Department of Surgery,
McMaster University

P. J. Brennan, B.A., M.Ed.
Director of Education,
Hamilton-Wentworth Roman Catholic School Board

C. Buffett, R.N., B.Sc.N.
Supervisor, Nursing Division
Hamilton-Wentworth Regional Health Unit

A. I. Cunningham, M.D., D.P.H., D.T.M.H.
Medical Officer of Health
Hamilton-Wentworth Regional Health Unit

W. Festeryga, Q.C.
Barrister and Solicitor,
Sullivan, Festeryga, Lawlor & Arrell

G. A. Fisher, C.A.,
Accountant, Thorne Riddell

K. B. Gilmour
President, Hamilton Insurance Agents Association

L. A. Hargot, B.A., M.D.
Assistant Professor, Department of Medicine,
McMaster University
Emergency Physician, McMaster University Medical Centre

R. D. Hollenberg, M.D., F.R.C.S. (C), F.A.C.S.
Associate Professor,
Departments of Surgery and Pediatrics,
McMaster University

P. R. Knight, Ch.M., F.R.C.S., F.R.C.S. (C)
Professor, Department of Surgery,
McMaster University

A. J. Krever, B.A., M.Ed.
Director of Education,
Board of Education for the City of Hamilton

L. E. Laviolette, P. Eng.
Vice-President,
Hamilton Automobile Club

R. J. MacBride, M.D.
Dofasco Inc.

G. Monaco, P.Eng.
Manager, Specialized Engineering
Stelco Inc.

D. L. Myler,
President, Hamilton Cycling Club

K. R. Parker, M.D., C.R.C.P. (C)
Professor, Department of Family Medicine,
Associate Professor, Department of Pediatrics,
McMaster University

E. J. Thomas, M.B., B.S., F.R.C.S., F.R.C.S. (C), F.A.C.S.
Associate Professor, Department of Surgery,
McMaster University
Director, Regional Trauma Program
Hamilton General Hospital

G. V. Torrance
Chief of Police,
Hamilton-Wentworth Regional Police

J. Trotter, M.D., F.R.C.S. (C)
Program Director, Stroke Unit,
Special Appointment, Department of Pediatrics
Chedoke-McMaster Hospital

D. Wayne, Ph.D.
Assistant Professor, Psychiatry,
McMaster University
Guidance Counsellor,
Hamilton Board of Education

D. Wilson
President, Local 42, C.W.C.

G. A. Wood
President, Hamilton Automobile Dealer's Association

A. J. Zizzo, M.D., C.C.F.P. (C)
Delegate for Ontario Medical Association
President, Hamilton Academy of Medicine
Family Physician

N. D. Smith
Senior Vice-President and Secretary
Andres Wines

Mr. M. Wickens
Automotive Correspondent
The Spectator

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COUNCIL ON ROAD TRAUMA (HAMILTON-WENTWORTH)

EXECUTIVE COMMITTEE

CHAIRMAN

P. R. Knight, Ch.M., F.R.C.S., F.R.C.S. (C)
Professor, Department of Surgery,
McMaster University

VICE-CHAIRMAN

W. Festeryga, Q.C.
Barrister and Solicitor,
Sullivan, Festeryga, Lawler & Arrell

SECRETARY/
TREASURER

G. A. Fisher, C.A.
Accountant
Thorne Riddell

EXECUTIVE
DIRECTOR

J. N. Allan, R.I.A., F.S.M.A.C.
Retired

OFFICERS

F.G.H. Baillie, M.B., Ch.B., F.R.C.S. (C)
Assistant Professor, Department of Surgery
and Family Medicine,
McMaster University
Head, Section of Emergency Services,
Chedoke-McMaster Hospital

K. R. Parker, M.D., C.R.C.P. (C)
Professor, Department of Family Medicine,
Associate Professor, Department of Pediatrics,
McMaster University

2/10/2015
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ROAD TRAUMA COMMITTEE (HAMILTON-WENTWORTH)

CONSTITUTION

ARTICLE I

NAME

ROAD TRAUMA COMMITTEE (HAMILTON-WENTWORTH)

OBJECT

TO DEVELOP AND PROMOTE ROAD SAFETY PROGRAMS DIRECTED AT PREVENTING ROAD ACCIDENTS; TO REDUCE THE EFFECTS OF CRASHES AND TO FOSTER A HIGH STANDARD OF MEDICAL CARE FOR THE VICTIMS.

ARTICLE II

QUALIFICATION OF MEMBERS

The membership shall consist of the applicants for the incorporation of the Corp. and such other individuals or legal entities as are admitted by the Board of Directors.

ARTICLE III

OFFICERS

There shall be a Chairman, Vice-Chairman, Secretary, Treasurer or in lieu of a Secretary and Treasurer, a Secretary-Treasurer and such other officials as the Board of Directors may authorize.

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ELECTION OF OFFICERS

The Chairman and Vice-Chairman shall be elected by the Board of Directors from among their members after the bi-annual election of such Board of Directors. The Secretary and Treasurer need not be members of the Board and their employment shall be determined by the Board - otherwise these officers and such other officials as the Board of Directors may authorize, will be elected in the same manner as the Chairman and Vice Chairman.

DUTIES OF OFFICERS

The Chairman shall when present, preside at all meetings of the members of the Corp. and of the Board of Directors. The Chairman shall also be charged with the general management and supervision of the affairs and operations of the Corp.

The Chairman with the Secretary or other officer appointed by the Board for the purpose shall sign all by-laws and membership certificates.

During the absence of the Chairman, his duties and powers may be exercised by the Vice-Chairman or such other director as the Board may appoint for the purpose if the Vice-Chairman is absent.

The absence or inability of the Chairman shall be presumed with reference hereto.

The Secretary shall attend all meetings of the Board of Directors and record all facts and minutes of all proceedings in the books kept for that purpose. He shall give all notices required to be given to members and to directors. He shall be the custodian of the seal of the Corp. and of all books, papers, records, correspondence, contracts and other documentation belonging to the Corp. which he

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shall deliver up only when authorized by resolution of the Board of Directors to do so. He shall also perform such other duties as may be determined by the Board of Directors.

The Treasurer shall keep full and accurate accounts of all receipts and disbursements of the Corp. in proper books of account and shall deposit all monies or other valuable effects in the name and to the credit of the Corp. in such bank or banks as designated by the Board of Directors. He shall disburse the funds of the Corp. under the direction of the Board of Directors and shall render to the Board of Directors whenever required of him, an account of all his transactions as Treasurer and the financial position of the Corp. He shall also perform such other duties as may be determined by the Board of Directors.

ARTICLE IV

MEETINGS

Directors may be formally called by the Chairman or Vice-Chairman or by the Secretary on the direction of the Chairman or Vice-Chairman or by the Secretary on the direction of two directors.

ARTICLE V

AMENDMENT OF CONSTITUTION

This constitution may be amended at any general meeting of the Corp. Such amendments must be submitted to the Board of Directors in writing and the Board of Directors may at their discretion, conduct

a mail ballot vote. No amendment can be adopted without notice given and a 2/3 majority vote in favour of the amendment. The Board of Directors at its discretion may at any time, submit to the membership for mail vote, amendments of the constitution and such amendments can be only adopted by a 2/3 vote of those present at a meeting or casting in a mail vote.

Registered as a charitable organization with Federal Govt

COUNCIL ON ROAD TRAUMA

HAMILTON-WENTWORTH

COMMITTEES

1. Executive Committee
Chairman: Dr. P. R. Knight
2. Public Education Committee
Chairman: Dr. R. MacBride
3. Membership Committee
Chairman: Mr. W. Festeryga
4. R.I.S.K. Committee (Restrain Infants - Secure Kids)
Chairman: Dr. K. R. Parker
5. Regional Emergency Care Committee
Chairman: Dr. L. Hargot
6. Impaired Driving Committee
Chairman: Dr. D. Wayne
7. Public Relations (Non-committee)
Chairman: Mr. J. Gaudet
8. Family Support Group
Chairman: Dr. P. R. Knight
9. School Bus Committee
Chairman: Dr. R. Hollenberg
10. Ambulance Committee
Chairman: Dr. H. Beattie

HAMILTON-WENTWORTH REGIONAL POLICE



CHIEF OF POLICE
GORDON V. TORRANCE

155 KING WILLIAM STREET, HAMILTON, ONTARIO, CANADA, L8R 1A6- TELEPHONE (416) 522-4925

November 10th, 1983

Mrs. Janet Farley,
Chairman,
Hamilton-Wentworth Regional
Board of Health,
74 Hughson Street South,
HAMILTON, Ontario,
L8N 2A8

Dear Mrs. Farley:

Public safety on our roads is one of our greatest concerns.

To date, this year, we have had 5,767 motor vehicle collisions on our streets. Sixteen persons were killed in these accidents and 3,288 persons were injured.

The answer to the prevention of these tragic statistics is public education, public knowledge and public involvement in prevention programs.

The Council on Road Trauma Hamilton-Wentworth have introduced a number of preventive programs which have greatly contributed to the saving of lives and serious injury in our Region.

Their working closely with the Regional Police Force has served as an extension of the Force within the public sector.

I heartily support and commend their work in our community.

Sincerely,

Gordon V. Torrance,
Chief of Police.

GVT:rc
c.c. Dr. Ian Cunningham
Medical Officer of Health



Hamilton-Wentworth District Health Council

Sanatorium Road
P.O. Box 2085, M.P.O.
Hamilton, Ontario
L8N 3R5
(416) 389-1321

October 24, 1983

P.R. Knight, Ch.M., F.R.C.S.(C),
Chairman,
Council on Road Trauma,
Hamilton-Wentworth,
244 James Street South,
Hamilton, Ontario.
L8P 3A9

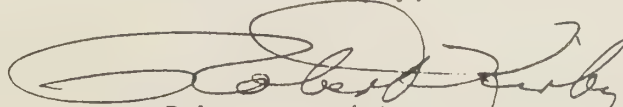

Dear Dr. Knight:

Council received, with pleasure, your information on the Council on Road Trauma. Most of the members were unaware that such a Council existed in Hamilton-Wentworth and they were unanimous in recommending support for your programmes.

Regarding your C.P.R. and Emergency Care Instruction Programme, it is my understanding that there may be Ministry of Health funds available in the future to support these educational/training programmes. Council would be happy to entertain a proposal for funds for these purposes from C.O.R.T.

Personally, I would like to support your work by becoming a member of C.O.R.T. and enclose my cheque of \$25.00.

Yours sincerely,



Robert G. Kirby, D.D.S., M.P.H.,
Executive Director.

RCK/sf
Att.



THE REGIONAL MUNICIPALITY OF HAMILTON-WENTWORTH

Department of Finance
119 King Street West, 14th floor
Hamilton, Ontario

7.2
Mailing Address
P.O. Box 910, Hamilton, Ontario
LBN 3V9

Refer to File No.

Attention of

Your File No.

Mr. J. Farley, Chairman
and Members of the Board of Health

November 16, 1983
Finance #

SUBJECT: 1983 BUDGET STATUS REPORT

Origin

The Chairman of the Board of Health requested an updated status report be submitted at the November 21, 1983 Board Meeting.

Analysis

Expenditures and revenue have been projected to year-end using the most recent information available. The following table summarizes the more significant amounts to be met or saved from the general levy at year-end.

<u>Program</u>	<u>Favourable</u>	<u>Unfavourable</u>	<u>Net</u>	<u>Comments</u>
Executive Service	1,350			Fewer meetings
Administrator	7,550			Salary & benefits of administrator saved
Nutrition Program		460		Even though Ministry approved B2, it was not included in 1983 Budget
Nursing Administrators		3,300		Duplication of positions due to supervisors off sick
General Nursing		9,450		Board cut 1983 Budget to 6%
Inspection	2,630			Less cars used from car pool
M.O.E.	480			More M.O.E. fee revenue than estimated
Dental Prevention	1,890			Unpaid leave of absence

Councillor J. Farley, Chairman
and Members of the Board of Health

SUBJECT: 1983 BUDGET STATUS REPORT

page 2

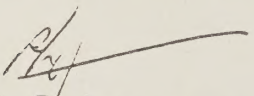
Dental Treatment	17,560			Part-time help not required. Unpaid leave of absence
Sick Leave		960		Unexpected retirement
	<u>31,460</u>	<u>14,260</u>	<u>17,200</u>	

The Health Unit is expected to have surplus of \$17,200 (Regional share). The major savings have been accumulated in the Dental Treatment program due to staff on leave of absence and part-time help not being required during 1983. All other programs are running consistent with previous expectations.

Recommendation

FOR THE INFORMATION OF THE BOARD

Respectfully submitted


R. R. Letourneau
Director of Finance

RM:em

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